

Rosebud Sioux Tribe  
Child Care Services  
PO Box 130  
Rosebud, South Dakota 57570  
Phone: 605-747-5264 Fax: 605- 747-5856  
DIRECTOR CELL 828-2512



## COVID-19 EMERGENCY CHILD CARE PROVIDER APPLICATION

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### Requirements

- Provider must be 18 years old or older
- Complete All Provider Application Documents listed below
  - Complete the Provider Information section, with Provider Name, Address and Phone #
  - List the children you are providing care for
  - Character Reference Form (3 references needed)
  - Protector of the Sacred Agreement form
  - Acknowledgement of Responsibility to Report Child Abuse and Neglect
  - Criminal Background Statement-
  - Release of Information
  - Sex Offender Registry (NSOR & SOR)
  - Central Registry Screening for the Provider and all adults 18 and older in the home
  - ROI for CANS
  - Attorney General Background Check Form
  - W-9 form
- Complete the on-line mandated **state** required training within **90 days of application**
- Home Health and Safety Check list; this is a self-assessment done for the home where childcare will be provided.

I have read the definition and requirements of a Family Day Care/ In home Day Care Provider and I certify that I will meet them while I am a registered emergency provider with the RST Child Care Services Program during the Rosebud Sioux Tribe Emergency Declaration due to COVID-19

I understand that if I do not meet these requirements it will result in a non-payment from the program.

I certify that I or an authorized person has completed all forms required of me where applicable.

\_\_\_\_\_  
(initial)

I have received health education regarding COVID-19 and will abide by all safety precautions to stop the spread

I have policies and procedures in place regarding COVID-19

I have posted hand-washing signs in proper places

**I certify I have not been convicted of child abuse or neglect**

# PROVIDER INFORMATION

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
D.O.B: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_

## TYPE OF CHILD CARE THAT WILL BE PROVIDED: (CHECK ONE)

☐ IN HOME (CHILD'S HOME)

☐ FAMILY HOME (PROVIDER'S HOME)

Directions to home where child care will be provided: (be very specific)

\_\_\_\_\_  
\_\_\_\_\_

Description and color of house \_\_\_\_\_

Do you have children of your own who still require your care?    Yes    No

If yes: Number of children: \_\_\_\_\_ Age of children: \_\_\_\_\_

Ratio guidelines; This is needed to determine how many children you are able to provide care for:

During this Pandemic you are allowed to watch 9 children: and this includes your own children.

You are not allowed to watch 9 children and care for your own as well.

.....

## CHILD (REN) YOU WILL PROVIDE CARE FOR:

1. Child Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Age: \_\_\_\_\_ Days of the week and time providing care: \_\_\_\_\_

2. Child Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Age: \_\_\_\_\_ Days of the week and time providing care: \_\_\_\_\_

3. Child Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Age: \_\_\_\_\_ Days of the week and time providing care: \_\_\_\_\_

4. Child Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Age: \_\_\_\_\_ Days of the week and time providing care: \_\_\_\_\_

5. Child Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Age: \_\_\_\_\_ Days of the week and time providing care: \_\_\_\_\_



6. Child Name: \_\_\_\_\_ Parent: \_\_\_\_\_  
Age: \_\_\_\_\_ Days of the week and time providing care: \_\_\_\_\_
7. Child Name: \_\_\_\_\_ Parent: \_\_\_\_\_  
Age: \_\_\_\_\_ Days of the week and time providing care: \_\_\_\_\_
8. Child Name: \_\_\_\_\_ Parent: \_\_\_\_\_  
Age: \_\_\_\_\_ Days of the week and time providing care: \_\_\_\_\_
9. Child Name: \_\_\_\_\_ Parent: \_\_\_\_\_  
Age: \_\_\_\_\_ Days of the week and time providing care: \_\_\_\_\_

### **Character References**

List the names, address, phone numbers and amount of time you have known them:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Number of months/years known: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Number of months/years known: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Number of months/years known: \_\_\_\_\_

## Protector of the Sacred Statement

**As being a part of the RST Child Care Program I take my role as a Protector of the Sacred very seriously. If I violate any of the following I understand by participation in the program will be compromised.**

**I understand and agree to the following: (Read and initial)**

1. No child should be subject to corporal punishment or emotional abuse. This includes, but is not limited to, slapping, kicking, biting, punching, hitting, spanking, and rough handling, shoving, ear or hair pulling, and shaking. Also, food, light, warmth, clothing, or medical care shall not be withheld from a child. \_\_\_\_\_
2. The provider shall notify the parent on the day an injury occurs of any kind and to include it on an injury report form that will be filled out and copy given to parents. \_\_\_\_\_
3. Emergency phone numbers of each child's parents, physician. \_\_\_\_\_
4. ANY suspected child abuse or neglect must be reported to the local Department of Social Services agency or the police department. \_\_\_\_\_
5. I will not transport children in my care if I do **NOT** have a valid driver's license. \_\_\_\_\_.
6. Each child that is transported in a motor vehicle must be in a properly installed, approved child restraint seat and all children shall have individual seat belts. \_\_\_\_\_
7. No child is permitted to remain unattended in any vehicle. \_\_\_\_\_
8. Clean separated towels, washcloths, bedding, combs, and other personal articles are used for each child. \_\_\_\_\_
9. Drinking water is always AVAILABLE to the children, including older infants, and must be offered at frequent intervals in separate or single serve cups or bottles. \_\_\_\_\_
10. **CHILD CARE PROVIDERS shall wash their hands with soap and water after each diaper change, after assisting a child on the toilet, after washing the diapering surface, and before food preparations. Hands must be dried on a single use towel.**  
\_\_\_\_\_
11. A child's hands must be washed with soap and water after each diaper change, after the use of the toilet or toilet changing chair, and before a meal or snack. \_\_\_\_\_
12. Toilet training chairs, stools, and seats must be washed with soap, water and disinfectant daily.  
\_\_\_\_\_
13. Children in diapers shall be kept clean and dry. Their clothing must be changed if wet or soiled.  
\_\_\_\_\_
14. Child Care provider will not prop a bottle when feeding a child. \_\_\_\_\_



15. Child Care Provider shall notify our office as soon as possible of a new child enrolled in child care, or when a child stops receiving child care at the residence. \_\_\_\_\_
16. The Child Care Provider will notify in a letter from the decision to discontinue being a childcare provider. \_\_\_\_\_
17. The child care provider must notify the Child Care Office of a house guest that is going to be staying at the Providers home for any length of time and will access to the child (ren) in Child Care. \_\_\_\_\_
18. Child Care provider will not participate in any violent or disruptive activities. \_\_\_\_\_
19. Child Care provider will monitor what is posted on social media any violent threats posted or pictures of using any drugs, alcohol or offensive language will not be tolerated and could result in my termination of the Child Care Program. \_\_\_\_\_
20. If the Child Care Provider comes to the office while intoxicated. Parent will be notified. And incident will result in immediate termination of program participation. \_\_\_\_\_
21. If any evidence surfaces or attempting to fraud the RST Child Care Program and the evidence is substantiated, I will be terminated of program participation. \_\_\_\_\_

**If there is fraud involved, you will be held liable for all CCDF payments made in your case, as well prosecution depending on the amount fraudulently claimed.**

**Please sign and date to verify that you understand this document in its entirety and will be placed in your file.**

\_\_\_\_\_  
Child Care Provider

\_\_\_\_\_  
Date

**PROCEDURES FOR IDENTIFYING CHILD ABUSE AND NEGLECT  
AND  
ACKNOWLEDGEMENT OF RESPONSIBILITY TO REPORT**

Please read the following definition of an abused child, the signs of child abuse and neglect, and the requirements for reporting according to state law. Your signature affirms that you have read and understand the definition and policy.

**DEFINITION OF ABUSED CHILD**

Within South Dakota statute, the term custodian includes a child care provider. South Dakota Codified Law (SDCL) 26-8A-2 defines an abused or neglected child. The term abused or neglected child means a child:

- (1) Whose parent, guardian, or custodian has abandoned the child or has subjected the child to mistreatment or abuse;
- (2) Who lacks proper parental care through the actions or omissions of the child's parent, guardian, or custodian;
- (3) Whose environment is injurious to the child's welfare;
- (4) Whose parent, guardian, or custodian fails or refuses to provide proper or necessary subsistence, supervision, education, medical care, or any other care necessary for the child's health, guidance, or well-being;
- (5) Who is homeless, without proper care, or not domiciled with the child's parent, guardian, or custodian through no fault of the child's parent, guardian, or custodian;
- (6) Who is threatened with substantial harm;
- (7) Who has sustained emotional harm or mental injury as indicated by an injury to the child's intellectual or psychological capacity evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior, with due regard to the child's culture;
- (8) Who is subject to sexual abuse, sexual molestation, or sexual exploitation by the child's parent, guardian, custodian, or any other person responsible for the child's care;
- (9) Who was subject to prenatal exposure to abusive use of alcohol, marijuana, or any controlled drug or substance not lawfully prescribed by a practitioner as authorized by chapters 22-42 and 34-20B; or
- (10) Whose parent, guardian, or custodian knowingly exposes the child to an environment that is being used for the manufacture, use, or distribution of methamphetamines or any other unlawfully manufactured controlled drug or substance.

**SIGNS OF ABUSE AND NEGLECT**

**Indicators of Physical Abuse:**

- Unexplained bruises or welts
- Unexplained burns
- Unexplained fractures
- Unexplained lacerations or abrasions
- Child is wary of or suddenly frightened of caregiver or someone in the household.
- Child tells parents of injuries or abuse.
- Child shows behavior extremes – aggressiveness or withdrawal.

**Indicators of Physical Neglect:**

- Lack of consistent supervision.
- Unattended physical needs (i.e. diaper changes, bottle feedings, no meals or snacks).



**Indicators of Emotional Abuse:**

- Failure to thrive.
- Speech disorders.
- Habit disorders (i.e. sucking, rocking, biting).
- Extreme behaviors

**Indicators of Sexual Abuse:**

- Difficulty walking or sitting.
- Pain or itching in genital area.
- Bruises or bleeding in external genitalia
- Child tells parents of sexual contact by caregiver or someone in the household.

**REPORTING POLICY**

**SDCL 26-8A-3** mandates all licensed or registered child care providers, who have reasonable cause to *suspect* that a child under the age of eighteen has been abused or neglected, report that *suspicion* to the Department of Social Services Child Protection Services Intake at **(877) 244.0864** or Local Law Enforcement at \_\_\_\_\_. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor (a \$2,000 fine and /or 1 year in jail).

**Administrative Rule of South Dakota (ARSD) 67:42:10:22** (for licensed programs) and **ARSD 67:42:14:14** (for OST programs) outlines staff responsibility for reporting suspected incidents of child abuse or neglect. These rules state that the staff person, in addition to reporting the abuse to law enforcement or the Department of Social Services should report the incident to the executive director, the proprietor, or a designee. The executive director is then also responsible for reporting the incident and cooperating fully in the investigation.

**ARSD 67:42:10:23** (for DCC and GFDC) and **ARSD 67:42:14:16** (for OST) outlines center procedures for handling suspected in-house child abuse. These rules require the center to have written procedures for handling suspected in-house child abuse. The procedures include a means to assure the children are safe pending the outcome of the investigation of the staff involved. If a staff member/volunteer is involved, the program is required to have measures in place that prevent that employee from having contact with children during the investigation.

**ACKNOWLEDGEMENT STATEMENT**

I have read the above state law definition of abused child and reviewed the indicators of abuse and neglect. I understand the laws and rules related to the reporting of child abuse and neglect. My signature affirms my responsibility to report to the Department of Social Services or Law Enforcement any time I suspect a child has been abused or neglected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: A copy of this document is to be given to the employee for their records. Place the original in the employee's file.**



## Criminal Background Statement

Rosebud Sioux Tribe Child Care Program policy in accordance with CCDF rule (98.43(b)), a criminal background check is required for;

- All child care staff members (including prospective staff members) of ALL child care programs that are
  - Licensed, regulated, or registered under Tribal Law
  - All other providers eligible to deliver CCDF services

Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals, whose activities involve the care or supervision of children or who have unsupervised access to children (98.43(2)).

For family child care in homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(a)(2)(ii)(C)). This requirement does not apply to individuals who are related to the children for whom child care services are provided (98.43(a)(2)(i)(A)).

**Under the CCDF rule, a criminal background check includes specific components that are outlined in Table 2.3 below.**

Required components	National	Current State of Residence	State where live within Last Five Years
1. FBI Fingerprint check	X		
2. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	X		
3. State criminal registry or repository		X Fingerprints Required	X
4. State sex offender registry or repository		X	X
5. State child abuse and neglect registry and database		X	X

**During this pandemic we are unable to process background checks through the Attorney General's Office. By law we are required to have a full background check on all child care providers.**

**WE are currently checking the ones highlighted in yellow above.**

**On back of this page you will see a list of disqualifying crimes.**

**By signing the statement you are stating that you do NOT have any of the following disqualifying crimes on your criminal record.**



## Disqualifying Crimes

Child care staff members and any potential staff members and any provider receiving CCDF funding cannot be employed by a child care provider receiving CCDF subsidy funds if they:

- Refuse a background check
- Make materially false statements in connection with the background check
- Or are registered or required to be registered on the state or National Sex Offender Registry
- Convicted of a felony consisting of murder
- Child abuse or neglect
- Crimes against children
- Spousal abuse
- Crimes involving rape or sexual assault
- Kidnapping
- Arson
- Physical assault or battery
- Subject to an individual review
- Drug related offense committed during the preceding 5 years
- A violent misdemeanor committed as an adult against a child including the following;
- Child abuse
- Child endangerment
- Sexual assault or a
- Misdemeanor involving child pornography

### **Process to start Criminal Back Ground Checks: This currently does not apply due to COVID-19**

- Fill out Background Investigation Form (Included in packet, and pick up extra's at the office for all other Adults 18 and over in the house.)
- Have a State ID or Driver's License and a Social Security Card for every adult who will need a background check.
- Go to designated location where fingerprinting scanning will be completed
- Designated entity conducting background checks will notify RST Child Care of results.
- This may take up to several weeks to process all background checks

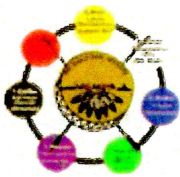
***I hereby understand the full length of the back ground checks. I also understand that I will not be considered in "FULL COMPLIANCE" until all adults in the house over the age of 18 also have completed the background checks requirements.***

***By signing below I also am stating that I do NOT have any criminal charges that are listed above.***

---

**Signature of applicant**

**Date**



**Rosebud Sioux Tribe**  
**Child Care Services**  
**PO Box 130**  
**Rosebud, South Dakota 57570**  
**Phone: 605-747-5264 Fax: 605- 747-5856**



## **Release of Information**

To whom it may concern:

I \_\_\_\_\_ authorize any person, agency or institution to supply information regarding me or my family as requested by the RST Child Care Services Program to release such information to cooperating State, Federal or Tribal Agencies.

I hereby release any person, agency or institution from any and all liability for supplying such information.

This authorization is given only in connection with its use by the RST Child Care Services Program in its administration of RST Child Care Services for sole purposes of remaining in compliance with the CCDF-Child Care Development Fund which includes fraud prevention, verification of wages, student status, and child care costs.

This authorization must be signed to process your application and will remain in effect for 1 year of date of signature.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

Date: \_\_\_\_\_





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## Sex Offender Registry Check

South Dakota Codified Law 26-6-14 requires all registered or licensed child care programs to ensure that no individual hired to work or volunteer after June 30<sup>th</sup>, 2010 has their name listed on the Sex Offender Registry. The Registry Check is performed prior to potential employees having contact with children in the child care program. This form can serve as documentation to that registry check.

Both the State Sex Offender Registry and National Sex Offender Registry (NSOR) are checked.

\*\*\*\*\*

Name of Applicant: \_\_\_\_\_

Other names used by Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name and title of person checking the Sex Offender Registry for the above individuals:

\_\_\_\_\_

Name:

Title:

### Results of the State Sex Offender Registry: (Check one)

☐ Yes, the name appeared on the State Sex Offender Registry

☐ No, the name did NOT appear on the State Sex Offender Registry

### Results of the National Sex Offender Registry: (Check one)

☐ Yes, the name appeared on the State Sex Offender Registry

☐ No, the name did NOT appear on the State Sex Offender Registry

Date of Check: \_\_\_\_\_

Signature of person Completing Check: \_\_\_\_\_

**REQUEST FOR SCREENING  
FOR SUBSTANTIATED REPORTS OF ABUSE OR NEGLECT  
(Unregistered Family Day Care Providers Only)**

I authorize the Department of Social Services to screen my name against South Dakota's Central Registry of Child Abuse/Neglect and to search any information systems for substantiated abuse or neglect reports, and to release the findings only to me.

My name is \_\_\_\_\_  
First MI Last

Maiden and former names, or aka:

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_

List Full Name and Birthdate for ALL Children:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address:

\_\_\_\_\_  
Street Address and/or PO Box Number

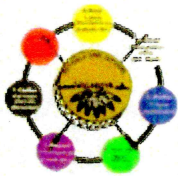
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Notary Public Date

Screening will not occur if this form is not notarized.





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## **Release of Information for Child Abuse and Neglect**

To whom it may concern:

I \_\_\_\_\_ authorize RST Child Care Program to supply information regarding me or my family as requested by the RST Child Care Services Program for obtaining Child Abuse and Neglect Screenings.

And to release such information to RST Child Care Program regarding my Child Abuse and Neglect Screening.

This authorization is given only in connection with its use by the RST Child Care Services Program in its administration for sole purposes of obtaining Child Abuse and Neglect Screenings from the State of South Dakota to ensure the safety of the homes where children will be.

This authorization must be signed to process your application and will remain in effect for 1 year of date of signature.

Signature of Potential Child Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of RST Child Care Staff: \_\_\_\_\_

Date: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

OR

Employer identification number

				-							
--	--	--	--	---	--	--	--	--	--	--	--

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



## Information on Online Training

<https://www.sdstate.edu/teaching-learning-and-leadership/family-resource-network>

### Accessing the Training

#### Create Your Account

1. Navigate to [traininghouse.sdstate.edu](https://traininghouse.sdstate.edu).
2. In the upper right corner, click **Log in**.
  - a. Click **Non-SDSU users login here** if you do not have an SDSU email account.
    - i. Select **Create new account**.
    - ii. Fill out the required fields and select **Create my new account**.
3. **An email will be sent to the email address you listed. Check your email to find instructions to complete your new account registration.** If you do not see the email, be sure to check your Spam or Junk email folder or the **Other** tab of your Outlook or Hotmail Inbox.

#### Register for South Dakota Orientation to Child Care

1. Navigate to [SD Orientation to Child Care](#).
2. Select either **Non-SDSU users login here**
3. Fill in your **username** and **password** and **Log in**.
4. Use the search bar to find the course by typing 'South Dakota Orientation to Child Care'. Select the course under the search results.
5. **Enter the Self enrollment key "childcare" and click Enroll me.**

#### Access the Course

1. Navigate to [SD Orientation to Child Care](#).
2. Select **Non-SDSU users login here**
3. Fill in your **username** and **password** and **Log in**.

- Prevention and Control of Infectious Diseases - 30 minute training
- Safe Sleep Practices and Reducing the Risk of SIDS - 30 minute training
- Administration of Medications in Child Care - 30 minute training
- Prevention & Response to Food Emergencies and Allergic Reactions - 30 minute training
- Providing a Safe Environment in Child Care - 30 minute training
- Prevention of Abusive Head Trauma and Shaken Baby Syndrome - 30 minute training
- Emergency Preparedness and Planning for Child Care Programs - 30 minute training
- Safe Handling and Storage of Hazardous Materials in Child Care - 30 minute training
- Appropriate Precautions in Transporting Children - 30 minute training
- Child Development Orientation - 30 minute training
- First Aid Orientation - 45 minute training
- Mandatory Reporting- Will take you to the DSS website (blue certificate) 1 hour training

**If you have questions please call the Family Resource Network at 605-688-6281**

# HOME HEALTH & SAFETY CHECKLIST

Name of Child Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

SWA Home

Private Home

Rental Unit

Other: \_\_\_\_\_

## Observe the yard:

Is there animals? Yes No If yes, are they a danger to visitors/children at the home? Yes  
No On leashes Yes No

Animal feces where children play Yes No Any comments on the animals: \_\_\_\_\_

Does family have a pool? Yes No If Yes; is there a pool cover? Yes No Is there a ladder to the pool? Yes No

Is the outside of the home in good repair, look for broken windows, doors, screens etc. Yes No  
If no, explain: \_\_\_\_\_

Is the yard clean? Yes No Outdoor playground equipment and toys clean, safe and kept in good working condition? Yes No

Is there a fence around the yard? Yes No In your opinion is a fence required for the safety of the children? Yes No

Is the entrance to the house obstructed by any objects? Yes No Is garbage disposed of properly outside? Yes No

## THE HOME

Is there any smells that may be alarming upon entering? Yes No If yes, please explain: \_\_\_\_\_

How many children present at time of home visit? \_\_\_\_\_ How many adults are present in the home during the period child care is provided? \_\_\_\_\_

How many children in care 12 or less; including your own children who are under six years of age? \_\_\_\_\_

Are you caring for more than four children under the age of two, or more than two children under one year of age? Yes No

Is care being provided to children with special needs? Yes No Are there proper accommodation's? Yes No



Is there a registered helper present?      Yes      No

Any concerns: \_\_\_\_\_

Is the temperature in the home comfortable for children in care?      Yes      No      Stairs indoors gated or blocked off?      Yes      No

Are all windows and doors in good working condition?      Yes      No      Comments: \_\_\_\_\_

Is tobacco use prohibited in the presence of children?      Yes      No      Comments: \_\_\_\_\_

Describe the overall cleanliness of the home: \_\_\_\_\_

### **Electrical Safety:**

Is the home free from bare or exposed electrical wiring, which could shock children or be a fire hazard?

Yes      No

Comments: \_\_\_\_\_

Electrical wall sockets covered when children under the age of 4 present?      Yes      No

Comments: \_\_\_\_\_

Are the areas where children are receiving care well lit?      Yes      No      Comments: \_\_\_\_\_

### **Bathroom:**

Can every bathroom door with a lock be opened from the outside?      Yes      No      Comments: \_\_\_\_\_

Stepping stool if needed for smaller children available to use?      Yes      No      Comments: \_\_\_\_\_

Are there individual cleaning towels, wash cloths and bedding available for each child?      Yes      No

Comments: \_\_\_\_\_

Are medications stored in a place this is inaccessible to children?      Yes      No      Comments: \_\_\_\_\_

Is the hand washing station fully functioning, no clogged sinks and has running water?      Yes      No

Comments: \_\_\_\_\_

Is the trash properly disposed of?      Yes      No      Is the toilet fully functioning?      Yes      No

Comments: \_\_\_\_\_

**Kitchen:**

Food storage and preparation areas are clean and sanitized daily? Yes No Comments:

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The home has an operating refrigerator? Yes No The home has an operating stove? Yes No

Signs of rodents: Yes No Comments:

---

Where do the children sit to eat? \_\_\_\_\_ Is a highchair used for any of the children? Yes No

Describe the overall cleanliness of the kitchen:

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Are there individual plates, cups and utensils for each of the children? Yes No

**Health:**

First Aid Kit: Yes No Lakota Mental Health First Aid Kit if applicable; Yes  
No Would like one? Y N

Is there adequate water supply to the home? Yes No Comments:

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Hand washing supplies available in kitchen and bathroom(s)? Yes No Comments:

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Does the provider wash his/her hands after using the restroom, changing a diaper, working with soiled clothing/bedding and before handling food? Yes No

Sewage and solid waste disposed of properly? Yes No Comments:

---

Balanced meals and snacks provided? Yes No Comments:

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Food properly wrapped, stored and handled? Yes No Comments:

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**Fire and safety protection:**

One operating smoke detector on each floor of the home? Yes No Comments:

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**Wood stove used?** Yes No **If yes, is it clear of debris?** Yes No **Comments:**  
\_\_\_\_\_

**Is there a Carbon Monoxide detector on each floor of the home?** Yes No  
**Comments:** \_\_\_\_\_

**Is there a fire extinguisher mounted and easily accessible?** Yes No  
**Comments:** \_\_\_\_\_

**Are any space heaters being used?** Yes No **If yes, are they free from debris and access to younger children?** Yes No

**Is the play equipment and toys clean, safe and kept in good working condition?** Yes No  
**Comments:** \_\_\_\_\_

**Is there at least one battery-operated flashlight?** Yes No **Is there at least one battery operated radio?** Yes No

**Are there 2 un-blocked exits in the area where child care is provided?** Yes No  
**Comments:** \_\_\_\_\_

**All windows are opened easily from the inside and not obstructed by nailed on screens, plastic or bars?**  
Yes No

**What plan does the provider have in place for severe weather such as a tornado, blizzard storm, etc, describe** \_\_\_\_\_

**Does provider need age appropriate learning materials for children in home?** Yes No  
\_\_\_\_\_

\_\_\_\_\_  
**RST Child Care Provider Signature**  
**Date**

\_\_\_\_\_  
**Parent Signature**  
**Date**